MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/720907	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2				/			52						
3				/			53						
4				/			54						
5				/			55						
6				/			56						
7				/			57						
8			/	/			58						
9				/			59						
10				/			60						
11				/			61						
12				/			62						
13				/			63						
14				/			64						
15				/			65						
16			/	/			66						
17				/			67						
18				/			68						
19				/			69						
20				/			70						
21				/			71						
22				/			72						
23				/			73						
24				/			74						
25							75						
26			/				76						
27				/			77						
28				/			78						
29				/			79						
30				/			80						
31				/			81						
32				/			82						
33			/	/			83						
34				/			84						
35				/			85						
36							86						
37				/			87						
38				/			88						
39				/			89						
40				/			90						
41			/	/			91						
42				/			92						
43				/			93						
44				/			94						
45				/			95						
46				/			96						
47				/			97						
48				/			98						
49				/			99						
50				/			100						
TOTAL IND.			6				TOTAL IND.						
TOTAL DEP.		42					TOTAL DEP.						
TOTAL CLAIMS		48					TOTAL CLAIMS						